

April 5, 2007

To: County of San Diego Pandemic Preparedness Summit Attendees

From: Judi Freyman

Subject: Summary Information from Select Speakers, Q & A Segments and Roundtable Discussion on March 22, 2007

Please refer to the [online e-book](#) for the agenda, [directory of attendees](#) (available upon request), and most of the presentations of the public health and business speakers at the “Pandemic Preparedness Summit: A Meeting with the Business Community and County of San Diego Health and Human Services Agency, Public Health Services.” There were opportunities for question and answers after the public health speakers and after the business speakers. There was also time for general comments and questions at the end of the meeting.

A summary of the information from speakers without slide presentations, and from the Q&A segments and general comments is as follows:

1. Dr. Cleto DiGiovanni: CDC Strategy for Pandemic Influenza Mitigation in Communities

The U.S. Center for Disease Control has recently published a document titled “Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States.” It lists the following core non-pharmaceutical interventions:

- voluntary home isolation of cases
- voluntary home quarantine of household members in homes with cases
- closing of schools (the lynchpin strategy), nursery schools, and universities
- social distancing

The Guidance includes a Pandemic Severity Index with Categories 1-5, that has been developed to define which interventions should be implemented. The Index is based on case fatality ratios. Category 5 has the highest ratio of mortality percentages to cases of illness. All of the interventions are recommended for Categories 4 and 5.

Some of the considerations incorporated into the Guidance are:

- When the time comes to implement these interventions, it will be too late to make the plan to use them. The time to plan is now.
- To protect core functions of a business or maximize population protection, planning needs to take place before a pandemic comes.
- Absenteeism will be high; planners expect 30-40% on average.
- Implementation of the community mitigation interventions in the early phases of a pandemic is crucial.

- It is expected to take six to nine months for the development of a vaccine and “herd immunity” protection.
- The mitigation intervention goal is to “blunt” the peak number of cases early.
- The CDC used the 1918 pandemic data as the basis for intervention development.
- The interventions are most effective if used early, targeted and layered throughout a pandemic event.
- Many economic issues are linked to school closure, social distancing, and isolation.

The document can be found at www.PandemicFlu.gov. The Executive Summary is in the meeting binder.

2. **Dr. Mark Horton: State Public Health Preparedness**

The State of California looks at pandemic flu planning within five domains, and focuses on the capabilities in each domain.

- Surveillance and Epidemiology: The ability to make a quick, initial detection, diagnose it, and monitor it requires the following.
 - A well-informed medical community: MDs aware of surveillance triggers and the specifics of who, what, how and where to report in a timely manner.
 - Laboratory capacity: California has a network of 36 health dept. laboratories that is able to respond to requests and share information.
 - Epidemiology capacity: The ability to handle a surge of required investigations.
- Public Health Interventions:
 - Identify and communicate triggers to cue isolation, quarantine, social distancing measures.
 - Federal entities handle vaccine production, but California has the responsibility to dispense it. In the County of San Diego, there are more than three million people who will need vaccination if the supply is large enough to cover everyone.
- Surge Capacity: expanding capabilities to meet needs during a pandemic.
 - All hospital entities should have pandemic influenza plans in place.
 - A \$200 million initiative was recently passed for alternative care site development.
 - Guidelines are being developed.
- Communications: respond to issues quickly with appropriate public messaging.
 - The California Health Alert Network (CAHAN) enables public health to send real time alerts.
 - Designing public alerts for use during various pandemic phases.

- Social Disruption: includes impacts on transportation, communication, essential services, and medical care.
 - Planning for various critical infrastructure industries, such as food, energy, and transportation.
 - Emphasis on continuity plans with built-in redundancies.

3. **Questions and Answers: Drs. Wooten, DiGiovanni and Horton**

Q. Why is the projected mortality rate 2% in the Pandemic Severity Index when the rates in current H5N1 cases are over 50%?

A. None of the current animal (bird) viruses are able to achieve sustained human to human transmission. When the virus changes through mutation, it will be different. The mortality rates will diminish. The single digit mortality rate is more realistic than the death rates from H5N1. The 1918 pandemic mortality rate was 2.5%

Q. Is the state considering placing rapid detection kits in other venues such as schools, businesses and at work?

A. The challenges we will be facing in developing a vaccine are similar to those needed to develop a clinical diagnostic test. Currently we are trying to re-equip our labs to manipulate the virus in California instead of having to send it to the CDC or overseas, in order to increase the speed of diagnosis.

Q. Will flights be restricted when a pandemic occurs? Will passengers be screened at the airport?

A. No one wants to interfere with travel. It is predicted that people will cut back travel themselves, without government intervention.

Q. Who will staff the alternative care sites when the projected absenteeism for healthcare workers will be high?

A. There will be a medical reserve corps in each local community that will include all medical personnel available for deployment in emergencies. There will also be a place on the web to register and there will be a list of people who have appropriate credentials.

4. **County of San Diego Preparedness Panel: Questions and Answers**

Q. If the schools are closed, what is the plan to shut down businesses?

A. If the schools are closed, there is a possibility that other social gatherings will be closed as well. There will be recommendations made, and all public gatherings may be handled similarly. However, the recommended closures will be as limited as possible to minimize economic impact while maximizing public health benefits. Coping during a pandemic and the recovery period is going to be a difficult task for everyone. Mom and Pop stores may not survive. Advanced planning is the best investment for businesses.

Q. In regards to public safety, what happens if there is a reduction in police officers? How will security be maintained at vaccination sites for example?

A. OES and the Sheriff's Department are currently addressing the situation and making plans. They understand the importance of it and recognize that mutual aid may not be available.

Q. Will there be travel restrictions and border closures?

A. Let's look at airplane travel. In flight, a US plane is under federal, CDC jurisdiction. An inbound pilot should notify the receiving port city about an inbound passenger with signs and symptoms consistent with influenza. The port city health dept. takes over upon landing and the patient is triaged into a local hospital using EMS service. The local epidemiology unit becomes responsible for follow-up investigation and exposure control duties while that passenger remains in the city. Work is being done to access manifest data from the airlines to assist in follow-up investigations for exposed passengers. This requires a cooperative effort from all parties involved. It is believed that air travel businesses will deal with the same core issues that other businesses will face.

Q. What concepts are being used for alternate health care sites?

A. A "tiered" response will most likely be used, with only the very sickest individuals being admitted to hospitals. A rough "treat and street" contingency could be used. We are in planning scenario staging with this issue. A key piece in this planning is educating families and training employees about effective health care at home for ill family members.

5. Company Preparedness: Questions and Answers

Q. Will it be possible to work from home? Is there enough bandwidth?

A. Currently there is a lot of bandwidth because Cox Communications has built ring-in-ring networks. There are fiber rings and glass nodes stationed all over California. If an accident occurs and one network is out, the system is already programmed to rotate to another one.

Q. Could we test the system by having everybody in San Diego County work from home one day?

A. Yes.

Q. Who is considered an essential employee and what are the criteria?

A. Start with defining key functions of work areas. Then identify the people needed to run those functions. For Cox Communications, technical people may be most important to keep the network "product" functioning, so those who know how to serve the network are essential. For Qualcomm, the key employees are those who make sure data stays up and are involved in key projects. Receptionists would be sent home since meetings will not be scheduled.

Q. Are you including your vendors in pandemic planning?

A. Asking vendors on your supply line if they have a plan is the first step in the outreach process. Northrop Grumman cannot force a vendor to make a plan, but asking the question raises awareness and starts the education. Having a comprehensive plan that includes contacting vendors helps give Northrop Grumman a competitive edge with customers who are concerned about the prospects of an influenza pandemic. Qualcomm has had vendors ask about its plan.

Additionally, business can sign up for the County's Ambassadors' Program. Each business, company or organization can send a representative to be trained about the County's pandemic plan so that they can train others, or be a resource to their group. Contact Paula Murray at Paula.Murray@sdcountry.ca.gov.

Q. Have large businesses or community organizations trained people to be sent out into their communities for pandemic education outreach?

A. Some businesses use "brown bag lunch" sessions for training their employees. Community Emergency Response Teams (CERTs) have had training at the community level. Local health care businesses, fire departments, city disaster planners, and county public health staff have all taken part in pandemic planning with community members. The County reports at least 375 presentations in 2006. This is only the beginning of what needs to happen in communities.

6. The Healthcare Sector Perspective

Dr. Christopher Van Gorder

Hurricane Katrina experiences led Scripps Health to participate in a National Command Post Drill called Global Tempest in Denver. One lesson from that session is that supply chains suffered on a global basis. The most important factor is mitigation. We need to determine what we can and cannot do for each gap in time (phase in outbreak). The need for disaster response will be most pronounced in the gap from outbreak to vaccine.

Scripps has requested proposals for two 400-bed mobile hospitals and is working on putting cameras outside of emergency rooms to be able to monitor situations real time. Scripps teams have done many public education projects.

It is important that hospitals be included in the business community's planning process. The circle of communication needs to include hospitals, businesses, public health and the public. Hospitals need to take the lead in pandemic planning in communities where the local government or businesses are not leading the effort. Dr. Van Gorder further describes the proactive role hospitals and healthcare organizations should take in his recently published article in the Journal of Healthcare Management titled "Healthcare Executives' Role in Preparing for the Pandemic "Gap": A New Paradigm for Disaster Planning" (Vol. 52, No. 2, March/April 2007).

Dr. Steven Escoboza

Hospitals are now using just in time staffing and supply. The pressures hospitals face as businesses and as health care providers are huge. They are perceived as essential services, just like the local police force, so there is greater demand on hospitals than ever before.

The hospital issues around pandemic planning are:

- resources (caches are expensive to buy and store),
- equipment (it is known that equipment, such as respirators, will become scarce in a disaster),
- personnel (already a staggering issue with shortages of nurses, therapists, lab, pharmacy employees), and
- surge (acute patients only).

With these issues on the table, communication with the public, especially disaster preparation education becomes crucial. Businesses can serve a big need by helping further employee personal disaster education and family response plans.

7. The Healthcare Sector Perspective: Questions and Answers

Q. Is there a plan for private practice MDs and their staff to be vaccinated first when a vaccine is available, so that they can be available to serve their community?

A. The Hospital Association and San Diego Medical Society will give direction on how to get MDs and staff vaccinated in the first rounds in order to maximize the community benefit.

Q. Given that professional associations consist of about 60-70% retired professionals and a similar situation exists in alumni associations, can databases be created to make those people available for disaster response duties?

A. This is what the medical reserve corps is attempting to do in each community. There are similar efforts at the federal level also.